

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P22126** (7)

1. Corporation Name
LANDMARK ORGANIZATION INC.



Principal Place of Business: **1301 CAPITAL OF TEXAS SUITE B320 AUSTIN TX 78746 US**
Mailing Address: **1301 CAPITAL OF TEXAS SUITE B320 AUSTIN TX 78746 US**

3. Date Incorporated or Qualified: **12/14/1988**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business: **21 1250 Capital of Texas Building 1-Suite 100 Austin, Texas**
2a. Mailing Address: **26 1250 Capital of Texas Building 1-Suite 100 Austin, TX**
22. Suite, Apt. #, etc.
23. City & State
24. Zip: **78746**
25. Country: **Travis**
27. Suite, Apt. #, etc.
28. City & State
29. Zip: **78746**
30. Country: **Travis**

4. FEI Number: **74-2386243**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SCHULTZ, MARK | |
| STREET ADDRESS | 1301 CAPITAL OF TEXAS B320 | |
| CITY-ST-ZIP | AUSTIN TX | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | JENKINS, DONNA | |
| STREET ADDRESS | 1301 CAPITAL OF TEXAS, STE. B320 | |
| CITY-ST-ZIP | AUSTIN TX | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MATEJCIK, REGIS | |
| STREET ADDRESS | 1301 CAPITAL OF TEXAS, STE. B320 | |
| CITY-ST-ZIP | AUSTIN TX | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JENKINS, DONNA | |
| STREET ADDRESS | 1301 CAPITAL OF TEXAS, STE. B320 | |
| CITY-ST-ZIP | AUSTIN TX | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1250 Capital of Texas Bldg 1-100 |
| 1.4 CITY-ST-ZIP | Austin, TX 78746 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 1250 Capital of Texas Bldg 1-100 |
| 2.4 CITY-ST-ZIP | Austin, TX 78746 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 1250 Capital of Texas, Bldg 1-100 |
| 3.4 CITY-ST-ZIP | Austin, TX 78746 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 1250 Capital of Texas Bldg 1-100 |
| 4.4 CITY-ST-ZIP | Austin, TX 78746 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark F. Schultz* Mark F. Schultz 4-10-96 512-329-8090

CR2E034 (12/95)